## COMBINED DE ARATION FOR PATENT APPLICATION POWER OF ATTORNEY (Includes Reference to PCT International Applications)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD FOR INTERLEAVING DATA IN PACKET-BASED COMMUNICATIONS AND A SYSTEM THEREOF										
the specif	ication of which (check only	one item below):								
[X]	is attached hereto.									
[]	was filed as U.S. Patent Ap (if applicable).	oplication Serial No	on	and was amended on						
[]	was filed as PCT Internation (if application	onal Application Number able).	on and was amended under PCT Article 19							
	state that I have reviewed and nendment referred to above.	understand the contents of t	he above-identified specifi	cations, including the claims, as amended						
Code of F	Federal Regulations, § 1.56(a) claim priority benefits under Tinternational application(s) doy application(s) for patent or i	itle 35, United States Code, signating at least one country overtor's certificate or any	§ 119 of any application(s ry other than the United Sta PCT international applicati	oplication in accordance with Title 37,  a) for patent or inventor's certificate or ates listed below and have also identified on(s) designating at least one country a date before that of the application(s) of						
PRIOR A	PPLICATION(S) AND ANY	PRIORITY CLAIMS UNI	DER 35 U.S.C. 119:							
TU (IF	COUNTRY PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119						
				[]YES[]NO						
				[]YES[]NO						
				[]YES[]NO						
				[]YES[]NO						
				[]YES[]NO						
				[]YES[]NO						
_				[]YES[]NO						
				[]YES[]NO						

Page 1 of 2

## COMBINED D ARATION FOR PATENT APPLICATION AND ER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 176/61060 (2-1144-1026)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

	U.S.	APPLICATIONS		STATUS (Check One)					
U.S. APPLICATION NUMBER			U.	U.S. FILING DATE PATEN		NTED	PENDING	ABANDONEI	
					·				
	PCT API	PLICATIONS DESIGN	NATING TH	IE U.S.					
PCT PCT APPLICATION NO. FILING DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)							
					-				
ppl los leg	ication and transact a 30,727; Joseph M. N istration No. 35,584	Y: As a named inventor ll business in the Paten Noto, Registration No.; Edwin V. Merkel, Res, Andrew K. Gonsalve on No. 49,014	t and Trader 32,163; An egistration l	nark Office connected n R. Pokalsky, Regist No. 40,087; Georgia E	therewith ration No	Micha . 34,697 gistration	el L. Goldman, /; Gunnar G. L on No. 44,597; / Registration No	, Registration einberg, Alice Y. Choi, . 48,987;	
NIXON PEA			EABODY L uare, P.O.	Leinberg, Esq. ABODY LLP are, P.O. Box 31051 Iew York 14603		Direct telephone calls to: Gunnar G. Leinberg (716) 263-1014			
	FULL NAME OF INVENTOR	FAMILY NAME Bocko		FIRST GIVEN NAM Mark	ļ		SECOND GIVEN NAME F.		
	RESIDENCE & CITIZENSHIP	CITY Caledonia		STATE/FOREIGN COUNTRY New York			COUNTRY OF CITIZENSHIP U.S.A.		
	POST OFFICE ADDRESS	P.O. ADDRESS  2218 River Road		CITY Caledonia			STATE & ZIP CODE/COUNTR New York 14423 U.S.A.		
	FULL NAME OF INVENTOR	FAMILY NAME Trek		FIRST GIVEN NAME  James		SE	SECOND GIVEN NAME		
2 0 2	RESIDENCE & CITIZENSHIP	CITY Brockport		STATE/FOREIGN COUNTRY New York			COUNTRY OF CITIZENSHIP U.S.A.		
	POST OFFICE ADDRESS	P.O. ADDRESS 128 Main Street		CITY Brockport			STATE & ZIP CODE/COUNTR New York 14420 U.S.A.		
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SE	SECOND GIVEN NAME		
	INVENTOR		CITY		STATE/FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	INVENTOR  RESIDENCE & CITIZENSHIP	CITY		STATE/FOREIGN C	COUNTRY		ONTRI OF C		
	RESIDENCE &	P.O. ADDRESS	•	STATE/FOREIGN C	COUNTRY		ATE & ZIP CO		
her e tr	RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  eby declare that all state ue; and further that thes	P.O. ADDRESS ements made herein of my e statements were made w r section 1001 of Title 18	ith the knowl	CITY  dge are true and that all sedge that willful false sta	tatements natements an	ST nade on i	ATE & ZIP CO	DDE/COUNTR elief are believed ishable by fine o	
e tr npr ne a	RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  eby declare that all state ue; and further that thes isonment, or both, unde pplication or any patent NATURE OF INVEN	P.O. ADDRESS  ements made herein of my e statements were made w r section 1001 of Title 18 issuing thereon.	of the United	CITY  dge are true and that all sedge that willful false sta	tatements natements an	ST nade on i	ATE & ZIP CO	DDE/COUNTR elief are believed ishable by fine o rdize the validity	